

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34475

State File No. ....

0242

FILED NOV 13 1952

BIRTH NO. .... REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>407 Concourse</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WOODARD</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>GREASON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Med. Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>	9. AGE (In years last birthday) <u>79</u> If UNDER 1 YEAR: Months <u>1</u> Days <u>20</u> If UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Albert Mack Greason</u>		13b. MOTHER'S MAIDEN NAME <u>Artela Whitesell</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Bates Greason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-8190</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie B. Greason, 407 Concourse, Excelsior Springs</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Oct 21, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. Greason</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>10/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Excelsior Springs, Mo.</u>			

DATE REC'D BY LOCAL REG. 10/23/52 REGISTRAR'S SIGNATURE Caroline Huttering 62-1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1953

JUN 8 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Lindsey K. Jarman*

Licensed Embalmer No. 4589

P. O. Address

*Excelsior Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.